

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	<i>[Handwritten initials]</i>	<i>[Handwritten ID]</i>	<i>[Handwritten Date]</i>
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date			
Final	Original			
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Claim	Date			
Final	Original			
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Claim	Date			
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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